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### Nursing News: December 2004

St. Cloud Hospital

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# NURSING NEWS



Volume 25, Number 12

St. Cloud Hospital, St. Cloud, MN

December, 2004

## *Happy Holidays!*

*This has been quite the year! Our accomplishments are many and truly significant. The Magnet designation on June 15, 2004 was a culmination of years of dedication by all of you to the profession of nursing and the patients we serve. The mantra during our journey was and still is – You don't get good because you are Magnet, you get Magnet because you are good! I hope you all appreciate the significance of our achieving this designation – very few have. There are approximately 5,500 hospitals in the United States and only 2% are Magnet. We were #114 in the world and second in Minnesota.*

*Magnet status is not the finish line. We must continue our efforts of constant improvement. The future is exciting as we intensify our efforts in research and evidence based nursing practice; as we continue to evaluate our current care models and redesign our care process. We need to clearly demonstrate the role that professional nurses play in achieving outstanding patient outcomes. We will continue to look for ways to enhance the work environment with such things as EMR implementation, attention to nursing care hours and keeping our nurses doing nursing and not non-nursing tasks. We will encourage and support enhanced education and national certifications. More emphasis will be placed on clinical utilization and case management. We have a new structure in place to move this forward. The opportunities are abundant.*

*With the national movement to public reporting of patient outcomes, I am looking forward to telling the public what we achieve here at St. Cloud Hospital. Our patients achieve outstanding outcomes and at the same time feel cared for as if they were family. That does not happen everywhere and I am proud to*



*be associated with a nursing staff that contributes immensely to that success. Our patient satisfaction scores have never been higher.*

*In the last decade, health care organizations have been driven by complicated economics, political and market forces. These forces run counter too much of what we value about healthcare and create a chaotic environment. We feel demoralized, many feel that their care mission has been lost and that an unacceptable amount of their energy is spent trying to survive the chaos. We must take to heart this statement by Dean Ornish, M.D.*

*“We are creatures of community. Those individuals, societies and cultures who learned to take care of each other, to love each other and to nurture relationships with each other during the past several hundred thousand years were more likely to survive than those who did not.”*

*Organizations are dynamic and complex systems comprised of a diverse collection of human beings with different backgrounds and life styles.*

*“It is a beautiful and mysterious power that one human being can have on another through the mere act of caring...A great truth, the act of caring is the first step in the power to heal.” Phillip Moffitt*

*Value each person for the vital contribution he or she makes in creating a life affirming and productive work environment.*

*As Gandhi spoke – “Be the change you want to see in the world”. An important first step – to hold each other accountable for leading from a basis of respect and regard for our staff, colleagues, and for each other.*

*May you have a Blessed Christmas and a wonderful New Year!!*

*With great respect,  
Linda Chmielewski*



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# NURSING NEWS



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## **Patient Safety:**

### ***Your Patient Wants to Leave – Now!!***

One of the great characteristics of a patient safety culture is to share learnings from actual events so that there is an opportunity for all to learn. In a non-punitive culture, it doesn't matter where the case occurred or who was involved – what matters most is that we identify and share the improvement and growth opportunity.

If you were in a situation where a patient was mentally competent and in your clinical judgment still required acute care but was insistent on leaving the hospital – what is your responsibility? This topic was raised because of an actual event. A mentally competent patient was an acute post-op patient who insisted on leaving with tubes etc. still in place. Now what?? When this question comes up and often it is a very disturbing and perplexing situation because we want our patients to be safe. The care needs are often complex and the fear of adverse outcomes if they leave the hospital is great. Here is a set of Q&A's that might be helpful for you to review.

#### **What happens when a patient wants to go AMA?**

1. What do I do first? Talk with the patient or get appropriate resources in place to try to defuse the situation so that the AMA discharge can be averted.
2. Notify the physician that the patient requests to be discharged. If the discharge is ordered to be AMA, the physician needs to discuss with the patient the reasons for why discharge needs to be delayed and the risks associated with early discharge. The physician may delegate to the Charge Nurse to relay the risks. This needs to be clearly documented.
3. Who do I notify? Director/Administrative Nursing Supervisor and QR nurse if significant risk or legal issues are present.
4. Do I give discharge instructions? Yes, you proceed with discharge instructions. We need to give the patient as much information as possible about how to care for themselves. Pay special attention to instructions to the patient about when to return to the hospital or call their physician if they are experiencing unusual symptoms or complications. When possible, be sure to include instruction to a family member.
5. What about invasive lines? They all need to be assessed for removal prior to leaving. If lines need to stay, education needs to be provided for care of the lines.
6. Should I offer follow up services? Yes, Home Care and physician clinic visits are to be offered as appropriate and acceptable to the patient. Use any resources to assist in making the patient safe after they leave. Be sure to document clearly if they refuse these services.
7. What should the RN/Designee document? Document the circumstances and significant issues. Include patient's request and reason for wanting to leave, notification to the physician, patient's response to explanation of reasons to delay discharge. Patient education and response related to discharge needs on the Discharge Instruction Sheet.
8. Do I need to fill out a Variance? Yes.
9. Will the insurance company pay the bill? Yes, where medical necessity is involved, the insurance company always pays the bill.

Once we have taken all these steps and the patient still insists on leaving, we know that we have done all we can do. This issue has been reviewed with SCH legal counsel on a number of occasions and any patient has the right to not be a patient (assuming mental competence). If you have questions, be sure to check the AMA discharge policy and/or use the Chain of Command to have them addressed.

*Mary Buhl, RN, PI/RM*  
*Patient Safety Committee Chair*



***Have a Very Merry Christmas!***

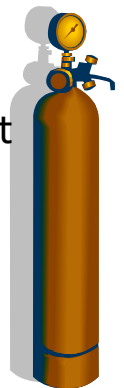
***“What can you do to help ensure that a complete (with regulator) oxygen tank is available when you need one?”***

**Starting November 30<sup>th</sup>, we need you to help implement and continue to do the following:**

- Each unit (other than Critical Care and ETC) will have a pad of Oxygen Tank Request Forms available.
- Charge nurse on the night shift on each of the units will be responsible that this form is completed by delegating it to the appropriate person on the unit
- ⊗ Suggestions to help remember to do this
  - ☞ Attach form to your clipboard
  - ☞ Include on any checklist of duties that you have on your unit
  - ☞ Include on your assignment sheet as a reminder
- Form needs to be completed and tubed to Distribution (in place of the current phone call) by 3 a.m. on every night shift.

***“How is the form completed? Just 5 easy steps.”***

- **First**, turn on each oxygen tank and read regulator to check psi on **every** tank.
- **Second**, indicate number of empty complete oxygen tanks on the form.
- ⊗ **What is meant by empty complete tank?**
  - ☞ An empty complete oxygen tank has a psi of 500 or less and includes the tank, regulator and key (all three must be present).
- **Third**, place all empty oxygen tanks in soiled receiving room by 3 a.m. **These will be picked up by Distribution and replaced as needed to reach your PAR level. DO NOT REMOVE THE REGULATORS.**
- **Fourth**, indicate number of complete oxygen tanks with psi greater than 500 on the form. **This is needed so that Distribution knows how many new tanks you need.**
- **Fifth**, place all these tanks in the clean receiving room.



We need your help for us to help you. Please contact Peggy Lange (ext. 54304), Keith Gerding (ext. 54643), or Joannie Nei (ext. 55753) if you have any questions.

Thank you for all your help in making sure tanks will be available when needed.

## ***Changes in Preferred Lodging Program***

The Preferred Lodging Program's name has been changed to the Alternative Lodging Program. Information about this program is on CentraNet in the Patient Care section under Lodging. Information about River Oaks Hospitality House also is available in that area.

River Oaks Hospitality House's mission is to provide affordable, temporary housing in a peaceful, homelike setting to families and patients receiving medical care in the St. Cloud community. Conveniently located on the north end of St. Cloud Hospital's campus, River Oaks Hospitality House offers many amenities to its guests including five bedrooms, laundry area, living room, kitchen and gathering area overlooking the Mississippi River, a continental breakfast, security system, barrier-free facilities and a smoke-free environment for just \$30 per room, per night. Registration hours are from 9 a.m. to 7 p.m. Monday through Friday and from noon to 3 p.m. on weekends and holidays. Members of patient families are welcome to use the common areas of the Hospitality House to rest and relax in during the hours listed above. There is no charge for this service, but please call ahead.

If River Oaks Hospitality House is full, the list of hotels participating in the Alternative Lodging Program is on CentraNet. Patients need a signed voucher from their nurse to give to the hotels. The new vouchers are yellow and are available through Distribution, item number 1000675.

For room availability at River Oaks Hospitality House, please call ext. 51774.

## ***"Look Alike/Sound Alike" Medications – Chapter XVI***

Medication error reports are caused by drug names sound or look the alike. They may not look alike in print or sound alike when read, but when hand-written or verbally communicated, these names could cause a mix-up.

AMARYL	REMINYL
GLUCOPHAGE	GLUTOFAC
GLUCOTROL	GLUCOTROL XL
GLUCOTROL	glyburide
HUMALOG	HUMULIN
HUMALOG	NOVOLOG
LANTUS	LENTE
MICRONASE	MICRO-K
NOVOLIN 70/30	NOVOLOG MIX 70/30
PRECOSE	PRECARE
tolazamide	tolbutamide

**Sound Alike Numbers:** 15 and 50 (To clarify numbers, say "fifteen: one-five" or "fifty: five-zero.")

The above list includes recent and common mix-ups that have occurred and those that have the potential to cause a mix-up, nationally or here at St. Cloud Hospital. (Brand names are capitalized.)

Nancy A. Sibert  
Medication Safety Pharmacist



## ***Educational and Professional Development Programs***

### **January, 2005**

21 BLS Instructor Renewal Course, SCH Conf. Center

### **February, 2005**

1 TNCC Renewal, Conf. Center

7 Cardiology Seminar, Windfeldt Room

11 BLS Instructor Renewal Course, SCH Conf. Center

18/25 BLS Instructor New Course, SCH Conf. Center

### **March, 2005**

21/22 ENPC Initial, SCH Conference Center

23 Social Worker's Event, Hoppe Auditorium

29/30 TNCC Initial, SCH Conference Center

### **April, 2005**

5 Diabetes Conference, Windfeldt, Plaza

12/13 Surg & Spec Care Conf, Windfeldt, Plaza

20 Pediatric Conference, Windfeldt, Plaza

Call Ext. 55642 for more details.



## ***Congratulations to the Following for Achieving and/or Maintaining Their Level IV & III Clinical Ladder Status!***

### **Level IVs**

#### **Sharon Spanier, RNC                      Surgical Care**

- Vascular Surgery Class for Orientation
- Nursing Process Core Group
- Presentation to Physicians on Magnet
- Surgical Care Hostess for Magnet Visit
- Preceptor
- Magnet Game for Ed Day
- CNPC Committee Member
- Medical/Surgical Certification

### **Level IIIs**

#### **Dick Beastrom, RN/APNBC                      PACU**

- Developed Video on Pain Assessment & Comfort Standards
- Taught Progressive Care Courses
- Preceptor
- Taught Basic ECG Classes
- Wrote Article: Quality Assurance or Clinical Research for Newsletter
- Participated on Panel at SCSU on Health Careers

#### **Joan Drontle, RNC                      Surgery**

- Implemented Sterilization Container System
- Inservice to CPD Staff on Insulscan
- CNOR Certificate
- Preceptor
- Presentation to High School Students on Nursing
- Inservice to CPD Staff on New Wrap

#### **Lois Lenzmeier, RN                      Critical Care**

- Taught Pharmacological Interventions for Progressive Care Class
- Taught Cardiovascular Services Class
- Nursing Process Core Group Leader
- Critical Care Nurse Practice Committee Member
- Ran Code Blue Station for Critical Care Ed Day

#### **Angela Osterlok, RN                      KDU, Little Falls**

- Teaching Module on West Nile Virus
- Patient Handout on Anemia
- Patient Info Boards on Phosphorus and Potassium
- PI Committee Member
- Teaching Module on Confidentiality

#### **Jane Seanger, RN                      Surgery**

- Preceptor
- Updated Perinatal Loss Collaborative Care Plan
- Presented "Trauma Help Hints" to Alcove Nurses
- Validation for Staff on Nurasive Monitor
- Preceptor
- Clinical Ladder Committee Member
- Resolve Through Sharing Committee Participant
- Ran Intracranial Pressure Station

#### **Judy Twomey, RN/BSN                      Family Birthing Center**

- Women's Health Didactic Class Instructor
- Mother/Baby Didactic Class Instructor
- Preceptor/Mentor
- Coordinator of Depression After Delivery Committee
- Developed Poster on Depression After Delivery
- Member of Sigma Theta Tau and AWHON
- Applied for Grant and Purchased Books/Taps and Pamphlets for Depression After Delivery

#### **Dena Walz, RN                      Endo**

- Code Cart Inservice to Physicians at Plaza
- Taskforce: Revisions to Code Blue Policy Responders at Plaza
- Relay for Life Participant
- Directed Mock Code Blue Exercises at Plaza
- SGNA Conference Planning Committee
- Chair, Ambulatory Education Committee
- Teaches CPR Refresher Course at Plaza

#### **Trish Theisen, RN                      Endo**

- Developed Policy for Cleaning Flexible/Video Endoscope
- SGNA Conference Planning Committee
- Reviewed 21 Unit Specific Policies
- Organized New Care Module at Plaza for Delivering Patient Care
- Guided Tours of Endo at Plaza

#### **Roland Brummer, RN/OCN                      Med/Onc**

- Poster on Oncology Certificatin
- Preceptor
- Medical Oncology Inservices to PCAs
- Certifies Staff in Chemo
- OCN Certification
- Presented Spirituality in Nursing at SCSU

#### **Shaleen Wahlstrand, RN/BSN                      ETC**

- Super Users for EmStat
- Guide for Tours in ER
- Preceptor
- Chair, Nurse Practice Committee

- Certifies Staff in Ports
- FMEA Task Force